



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

|   |                      |  |
|---|----------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/773,618                             |
|   | Filing Date          | February 6, 2004                       |
|   | First Named Inventor | Thomas W. DUBENSKY, Jr.                |
|   | Art Unit             | 1645                                   |
|   | Examiner Name        | J. Graser                              |
| Total Number of Pages in This Submission  | 76<br>+ 117 Refs.    | Attorney Docket Number<br>282172002800 |

**ENCLOSURES (Check all that apply)**

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) plus duplicate for fee processing (2 pages)<br>Processing Fee Transmittal (PTO/SB/17i) (1 page) | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply (42 pages)   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page)   | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Request for Refund  | 1. Request to Correct Inventorship Under 37 C.F.R. §1.48(b) (2 pages)                   |
| <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages)   | <input type="checkbox"/> CD, Number of CD(s) _____   | 2. Request for Corrected Filing Receipt (2 pages)                                       |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> Landscape Table on CD   | 3. Marked-Up Copy of Filing Receipt (2 pages)   |
| <input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application   | <b>Remarks</b>   | 4. Supplemental Application Data Sheet (4 pages)  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53  |  | 5. Form PTO/SB/08a/b + copy (16 pages)  |
|  |  | 6. 117 References   |
|  |  | 7. Return Receipt Postcard  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 25226) |          |        |
| Signature    |  |          |        |
| Printed name | Alicia J. Hager                              |          |        |
| Date         | July 26, 2007                                | Reg. No. | 44,140 |

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582594845 US, on the date shown below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 26, 2007

Signature: (Lori Sims)



PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2007**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 820.00**Complete if Known**

|                      |                         |
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| Examiner Name        | J. Graser               |
| Art Unit             | 1645                    |
| Attorney Docket No.  | 282172002800            |

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0.00           |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0.00           |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0.00           |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0.00           |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0.00           |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|              |              |           |               |
|--------------|--------------|-----------|---------------|
| Total Claims | Extra Claims | Fee (\$)  | Fee Paid (\$) |
| 51           | - 82 = 0     | x 25.00 = | 0.00          |

HP = highest number of total claims paid for, if greater than 20.

|                           |               |
|---------------------------|---------------|
| Multiple Dependent Claims |               |
| Fee (\$)                  | Fee Paid (\$) |
| 180.00                    | 0.00          |

|               |              |            |               |
|---------------|--------------|------------|---------------|
| Indep. Claims | Extra Claims | Fee (\$)   | Fee Paid (\$) |
| 2             | - 10 = 0     | x 100.00 = | 0.00          |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 =      | /50 =        | (round up to a whole number) x                   | 125.00   | 0.00          |

**4. OTHER FEE(S)**

|   |                |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                                     |                |
| Other (e.g., late filing surcharge):  | Fees Paid (\$) |
| 2253 Extension for response within third month  | 510.00         |
| 1806 Submission of an Information Disclosure Statement  | 180.00         |
| 1808 Processing Fee Under 37 CFR 1.17(i) for correcting inventorship (see attached Form PTO/SB/17i) | 130.00         |

**SUBMITTED BY**

|                   |                 |                                   |               |           |                |
|-------------------|-----------------|-----------------------------------|---------------|-----------|----------------|
| Signature         |                 | Registration No. (Attorney/Agent) | 44,140        | Telephone | (650) 813-4296 |
| Name (Print/Type) | Alicia J. Hager | Date                              | July 26, 2007 |           |                |